



# City of Lowell Planning Board

## Request to be Placed on the Planning Board Agenda

### OFFICIAL USE:

Date of Receipt: \_\_\_\_\_ Received By: \_\_\_\_\_ Date of Approval: \_\_\_\_\_  
Complete \_\_\_\_\_ Not Complete \_\_\_\_\_ Date : \_\_\_\_\_

### 1. Application Information

**Address of Property Location:** \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone No. \_\_\_\_\_ FAX No. \_\_\_\_\_

Email: \_\_\_\_\_

Second Owner (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone No. \_\_\_\_\_ FAX No. \_\_\_\_\_

Email: \_\_\_\_\_

**Owner's Agent:** \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone No: \_\_\_\_\_ FAX No.: \_\_\_\_\_

Email: \_\_\_\_\_

**Tenant/Lessee/Purchaser (If Applicable):** \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone No: \_\_\_\_\_ FAX No.: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Nature of Request

Please supply a brief letter or narrative describing the nature of your business with the Lowell Planning Board, outlining the specific details of your requested Board actions, if any. Please reference any past dealings with the Lowell Planning Board with relevance to this request, noting name of project, date, and any pertinent recording information (book and page numbers). Please note that agenda requests are granted at the discretion of the Board.

### **3. Filing Fees**

Depending on the nature of the request, any applicable filing fees established by the Lowell Planning Board and Lowell City Council must be paid prior to the request being placed on a Board meeting agenda.

### **4. Authorization (Must be Signed by the Owner of the Property)**

I am the record owner of the property for which this application is being filed and as such, I am familiar with the details of this request as it impacts my property.

I hereby give permission for this application to be filed with the full understanding that certain restrictions may be placed on the property relative to the approval of this request.

I further certify that under the penalties of perjury, I am authorized to sign this application.

Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If representing a group, corporation, or other organization please attach a copy of the vote authorizing you to act on behalf of such organization for the purposes of this application.

*An application will not be considered complete and will not be submitted to the Planning Board for its action until all required documentation/information has been submitted to the Planning Board Administrator by the correct deadline. Regular meetings of the Planning Board are generally held on the first Thursday and third Tuesday of the every month (only one meeting is held in July, August, and December). Completed applications must be submitted at least 14 days prior to a regularly-scheduled Planning Board meeting when the request will be considered. Submit all required materials to:*

James Errickson, Associate Planner/Planning Board Administrator  
Division of Planning and Development, JFK Civic Center, 50 Arcand Drive, Lowell, MA 01852  
(978) 446-7245, fax: (978) 446-7014, email: [jerrickson@ci.lowell.ma.us](mailto:jerrickson@ci.lowell.ma.us)